

**APPLICATION FOR WELL CONSTRUCTION AUTHORIZATION PERMIT  
SWAIN COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES  
545 CENTER STREET, Bryson City, NC 28713 (828) 488-1207**

Pin # \_\_\_\_\_

Applicant	Address	Home & Work Phone
Owner	Address	Home & Work Phone

**Property Information**

Street Address	Subdivision Name	Section/Phase/Lot #
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Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the property previously been evaluated for a septic system?   ☐ Yes   ☐ No  
Is there an approved septic system installed on the property?   ☐ Yes   ☐ No  
If so, please attach a copy of Improvement Permit/Authorization to Construct/Operations Permit

- ☐ Yes   ☐ No Does the site contain any jurisdictional wetlands?  
☐ Yes   ☐ No Does the site contain any existing wells?  
☐ Yes   ☐ No Is the site subject to approval by any other public agency?  
☐ Yes   ☐ No Are there any easements or right of ways on this property?

**Well Construction**

- ☐ New   ☐ Repair   ☐ Abandonment  
  
☐ Residential   ☐ Commercial  
  
☐ Single Family Residence   ☐ Community or Shared Well

**The Well Permit issued pursuant to this application shall be valid for 60 (sixty) months from date of issuance when accompanied with site plan. The Well Permit shall be valid without expiration when a plat is provided.**

**Owner/Applicant Statement**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. **I understand that I am solely responsible for supplying a survey for the property, identifying property lines and corners, and making the site accessible so that a complete site evaluation can be performed.**

Property owner's or owner's legal representative signature (required)	Date
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Swain County Health Department 545 Center Street, Bryson City, NC 28713	Alison Cochran, REHS Health Director	(828) 488-3198 Fax: (828) 488-8672
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# Well Permit Fees

New Well Permit	\$300.00
Well Abandonment Permit	\$100.00
Well Repair Permit	\$50.00
Well Site Consultative Visit	\$50.00



*"Promoting and Protecting the Community's Health"*

## Swain County Health Department

545 Center Street, Bryson City, NC 28713

[alisonc@swaincountync.gov](mailto:alisonc@swaincountync.gov)

Alison Cochran, REHS

Health Director

Phone: (828) 488-3198

Fax: (828) 488-8672

### AUTHORIZATION TO ACT AS AGENT

I, \_\_\_\_\_, am the legal owner of the property,

PIN # \_\_\_\_\_, in Swain County, North Carolina. I do hereby authorize

\_\_\_\_\_ (Authorized Agent's Name) to act on my behalf in applying for

and obtaining from Swain County Environmental Health, an Improvement Permit and/or Authorization to

Construct and/or Operations Permit and/or Well Permit on my property.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number